Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0070573	SUNNY BORDER NURSERY				NTNC	135	Р	GW
Local Address (where applicable)		Service	Resider	itial	Commercia	al Industri	al Combine	ed Agricultural
1709 KENSINGT	ON ROAD	Connections			1			

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NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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Schedule Generation Date: 4/11/2019

	Connecticut Department of	Public H	ealth	Dı	rinking	Water	Section	
	Water Quality Monito	oring and	d Con	ıpl	iance S	Schedul	le	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0070573	SUNNY BORDER NURSERY				NTNC	135	Р	GW
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combin	ed Agricultura
1709 KENSINGTO	Connections			1				

Towns Served: BERLIN

1709 KENSINGTON ROAD

CROSS CONNECTION SURVEY REPORT

TOWNS SELVED. BEILEN			
Monito	oring Requirements		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
	1/1/22 - 12/31/24		
Organic Chemicals (VOCS)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Co	ompliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2016		
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2017		
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018		

	Wa	iter System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		A1	OFFICE SINK	Α	Υ	2			
		A2	MENS ROOM	Α	Υ	2			
		A3	LADIES ROOM	Α	Υ	2			
		A4	PIERRE'S ROOM	Α	Υ	2			
		A5	OUTSIDE FAUCET	Α	Υ	2			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
10960	WELL #1	2	WELL #1	Α					
54982	BLADDER TANK								

3/1/2020

Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: SMALL WATER SYSTEM Certification **Operator Name Operator Type** Certification(s) **Expiration CHIEF OPERATOR** SIMA, III, JOHN F. **DISTRIBUTION SYSTEM OPERATOR - CLASS I** 6/30/2020 WATER TREATMENT PLANT OPERATOR - CLASS II 9/30/2020

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	Water Quality Monito				,		
PWS ID	PWS Name		Classification	Population	Owner Type	Primary Source	
СТ0070573	SUNNY BORDER NURSERY		NTNC	135	Р	GW	
Local Address (where applicable)	Service	Residen	tial Commerci	al Industri	al Combine	d Agricultural

Connections

1

Connecticut Department of Public Health Drinking Water Section

1709 KENSINGTON ROAD Towns Served: BERLIN

				Contact Inf	ormation				
Name				Organization	ı			Job Title	
Mr. Pierre Benneru	р			Sunny Borde	r Nureries, Inc.		Ceo		
Mailing Address Lin	e One		Mailing A	Address Line Two			City	State	Zip Code
1709 Kensington Ro	1		P O Box	483		Kensing	ton	СТ	06037
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-828-0321		860-828-	9318		860-828-0850	PIERRE@SUNNYBORDER.COM			
Contact Role(s): Le	gal Contact, C	Owner							
Name				Organization	Organization Job Title				
Mr. Dan Laviana				Sunny Borde	r Nursery		Vice Presid	ent	
Mailing Address Lin	e One		Mailing /	Address Line Two			City	State	Zip Code
1709 Kensington Ro	ad					Berlin		СТ	06037
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email A	ddress		
860-828-0321		860-828-	9318			dan@su	ınnyborder.d	com	
Contact Role(s): A	dministrative	Contact, Leg	al Contac	ct, Owner		1			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

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